## ATTORNEY DOCKET NO. 10007645-1 DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Mediated	Production	Device	Access in	A Distributed	Environment

the specification of which	is atta	ached heret	unless the	following box is ch	ecked:	
( ) was filed onas US Application Serial No. or PCT International Application lumberand was amended on(if applicable).						
hereby state that I have ncluding the claims, as a disclose all information wh	e revi	ewed and u	inderstood amendment	the contents of the	above-identifi e. I acknowle	ed specification,
oreign Application(s) and/or Clai	im of F	oreian Priority				
hereby claim foreign priority be eventor(s) certificate listed below iling date before that of the appl	enefits wand h	under Title 35 nave also ident	ified below any	/ foreign application for p	any foreign applica patent or inventor(s	ation(s) for patent or certificate having a
COUNTRY	$\neg$	APPLICATION	NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119
					YES:	NO:
	_				YES:	NO:
Provisional Application hereby claim the benefit under pelow:					States provisiona	al application(s) listed
_	APP	LICATION SERIAL P	IUMBER	FILING DATE		
_						
J. S. Priority Claim						
application and the national or PCT into		FILING DATE		STATUS (pstented/pendling/abandoned)		
POWER OF ATTORNEY: As a named inventor, I hereby business in the Patent and Trade	appoi	int the followi	ng attorney(s) ed therewith:	and/or agent(s) to pros	secute this applica	tion and transact al
Customer Nu	mber	022879		Place Customer Number Bar Code Label here		
Send Correspondence to:				Direct Telephon	e Calls To:	
HEWLETT-PACKARD COMP Intellectual Property Adminis				James R. McDa	iniel	
P.O. Box 272400 Fort Collins, Colorado 8052	(208) 396-4095					
I hereby declare that all made on information and the knowledge that willfu or both, under Section 1 may jeopardize the validit	belie fals 001 c	f are believe e statement of Title 18 c	ed to be true s and the li of the United	e; and further that the ke so made are pur d States Code and t	nese statement nishable by fine hat such willfu	s were made wit or imprisonmen
Full Name of Inventor: Shell	Sterlin	ng Simpson		Citizenship: U	.s.	
Residence: 519	6 Nor	th Maidston	e Way, Bois	e, Idaho 83713		
Post Office Address: 519	6 Nor	th Maidston	e Way, Bois	e, Idaho 83713		
MUSES	5_				12/01	
Inventor's-Signature				Date	,	
Pour 10/00 (DocPour)		Page Two For Ad				Page 1 of 2

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10007645-1

Euli Name of # 2 joint inventor:	Garth Frederick Schmeling Citizenship: U.S.						
	4962 North Fieldcrest Place, Boise, Idaho 83704						
nesidence.	4962 North Fieldcrest Place, Boise, Idaho 83704						
Post Office Address:							
Inventor's Signature	ik Selmlig June 8, 2001						
	O Sale						
Full Name of # 3 joint inventor:							
Residence:	6600 N. Hillsboro Place, Boise, Idaho 83703						
Post Office Address:	6600 N. Hillsboro Place, Boise, Idaho 83703						
Cente L. Och	- June 12, 2001						
Inventor's Signature	Date						
Full Name of # 4 joint inventor	: Citizenship:						
Residence:							
Post Office Address:							
Post Office Address:							
Inventor's Signature	Date						
F. II Name of II E Islant incompany	: Citizenship:						
	, and the state of						
Residence:							
Post Office Address:							
Inventor's Signature	Date						
ilivelitor's Signature	Date						
Full Name of # 6 joint invento	r: Citizenship:						
Residence:							
Post Office Address:							
Inventor's Signature	Date						
Full Name of # 7 joint invento	cr: Citizenship:						
Residence:							
Post Office Address:							
Post Office Address:							
Inventor's Signature	Date						
Full Name of # 8 joint invent-	or: Citizenship:						
	or: Citizenship:						
Residence:							
Post Office Address:							
Inventor's Signature	Data						